FORM D

UNITED STATES 02046015
SECURITIES AND EXCHANGE COMPHISION Expires:
Washington, D.C. 20549

FORM D JUL 1 6 2002

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D

SECTION 4(6), AND OR

UNIFORM LIMITED OFFERING EXEMPTION

Estimated average burden hours per form 16.00						
SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
DA [*]	E RECEI	VED				

PROVAL

3235-0076

August 31, 2002

Name of Offering (check if this is a	n amendment and name has changed	, and indicate change.)	1097703			
Series AA Preferred Financing						
Filing Under (Check box(es) that apply)	: □ Rule 504 □ Rule 505 ∏ R	tule 506 🛛 Section 4(6) 🗖 L	TLOE			
Type of Filing: New Filing □ Am	endment					
	A. BASIC IDENTIF	TICATION DATA				
1. Enter the information requested abou	it the issuer					
Name of Issuer (check if this is an	amendment and name has changed, a	and indicate change.)				
Zhone Technologies, Inc.						
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Number (Including Area Code)			
7001 Oakport Street, Oakland, CA 9462	.1		1-510-777-7000			
Address of Principal Business Operation	ns (Number and Street,	City, State, Zip Code)	Telephone Number (Including Area Code)			
(if different from Executive Offices)						
Communications equipment provider		-				
Type of Business Organization						
**Corporation	ited partnership, already formed	☐ other (please speci	(y): PROCESSED			
	ited partnership, to be formed					
			JUL 3 0 2002			
	Month	Year	JOE 2 & Tree			
Actual or Estimated Date of Incorporati	on or Organization: 0 6	1 9 9 🕱	Actual			
			FINANCIAL			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
	CN for Canada; FN for oth		E			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available estate exemption unless such exemption is predicated on the filling of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply Director ☐ General and/or ☐ Promoter Executive Officer Beneficial Owner Managing Partner Full Name (Last name first, if individual) Ejabat, Mory Business or Residence Address (Number and Street, City, State, Zip Code) 7001 Oakport Street, Oakland, CA 94621 Check Box(es) that Apply ☐ Promoter □ Director ☐ General and/or Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Symons, Jeanette Business or Residence Address (Number and Street, City, State, Zip Code) 7001 Oakport Street, Oakland, CA 94621 Check Box(es) that Apply ☐ General and/or ☐ Promoter ☐ Beneficial Owner Director Executive Officer Managing Partner Full Name (Last name first, if individual) Misaka, Kirk Business or Residence Address (Number and Street, City, State, Zip Code) 7001 Oakport Street, Oakland, CA 94621 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Director Managing Partner Full Name (Last name first, if individual) Dahl, Robert K. Business or Residence Address (Number and Street, City, State, Zip Code) 7001 Oakport Street, Oakland, CA 94621 ☐ Beneficial Owner Check Box(es) that Apply ☐ Promoter ☐ Executive Officer ☐ General and/or M. Director Managing Partner Full Name (Last name first, if individual) Coulter, James G. Business or Residence Address (Number and Street, City, State, Zip Code) 7001 Oakport Street, Oakland, CA 94621 Check Box(es) that Apply □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Director Managing Partner Full Name (Last name first, if individual) Greene, James H. Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 7001 Oakport Street, Oakland, CA 94621 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sidgmore, John W. Business or Residence Address (Number and Street, City, State, Zip Code) 7001 Oakport Street, Oakland, CA 94621

Check Box(es) that Apply	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, The Morteza Ejabat Trust da	•	8						
Business or Residence Addr 369 Marina Blvd, San Franc		d Street, City, State, Zip	Code)					
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, The Symons Living Trust da	•	995		_				
Business or Residence Addr 2140 Jefferson Street, San F	•		Code)					
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, TPG Zhone, L.L.C.	if individual)							
Business or Residence Address 301 Commerce Street, Suite	•		Code)					
Check Box(es) that Apply	☐ Promoter	Reneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, KKR-ZT, L.L.C.	if individual)			•				
Business or Residence Address (Number and Street, City, State, Zip Code) 2800 Sandhill Road, Suite 200 Menlo Park, Menlo Park, CA 94025								
Check Box(es) that Apply	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual) New Enterprise Associates VIII, L.P. and its related affiliates								
Business or Residence Address (Number and Street, City, State, Zip Code) 1119 St. Paul Street, Baltimore, MD 21202								

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, -	T /* *		1	d		11		_1:	• • •	·			Yes	<u>No</u>
1. F	ias the iss	suer sold				· ·				offering?.				X
2 1	What is th	a minim		er also in A					OE.				6 /-	
2.	what is u	ie minim	ium mves	tment that	will be a	ccepted ir	om any m	dividuai?					\$ <u>n/a</u>	
3. I	nes the o	ffering r	vermit ioi	nt owners!	hin of a ci	nale unit?							Yes	<u>No</u> □
												ly, any commission	风	_
)]	or similar isted is an of the bro	remune n associa ker or de	ration for ted perso caler. If t	solicitation n or agent	on of purc of a brok five (5) p	hasers in er or deal ersons to	connection er register	n with sal ed with th	es of secu ie SEC an	rities in the door with	he offerin a state or	g. If a person to be states, list the name or dealer, you may		
Full Nar n/a	ne (Last n	ame first	, if individ	lual)					-					
Busines	s or Reside	ence Add	ress (Nun	nber and S	treet, City,	, State, Zip	Code)							
Name of	Associate	ed Broke	r or Deale	r										
				olicited or vidual State				•••••					□ A11 :	States
[AL] [IL]	[AK]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT] ———	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nar	ne (Last n	ame first	, if individ	lual)										
			`	nber and S	treet, City,	, State, Zip	Code)							
Name of	Associate	ed Broke	r or Deale	r										
States in	Which Pe	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers			<u>·</u>		:		
(Chec	k "All Sta	ites" or c	heck indiv	idual State	es)			***********					□ All :	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	-	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nar	ne (Last n	ame first	, if individ	lual)	· <u>-</u>	···								
Business	or Reside	ence Add	ress (Nun	ber and St	treet, City,	State, Zip	Code)							
Name of	Associate	ed Broke	r or Deale	r	<u></u> .	···		·			*******			
States in	Which Pe	erson List	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Chec	k "All Sta	ites" or cl	heck indiv	idual State	es)		•••••						□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	F PROC	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box TM and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	<u> </u>			
	Type of Security		regate ng Price	Amo	unt Already Sold
	Debt	\$		\$	
	Equity				0.00 (1
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		\$	·-·
	Partnership Interests				
	Other (Specify))				
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.	-			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			mber estors	Doll	ggregate ar Amount Purchases
	Accredited Investors		46	\$	0.00 (1
	Non-accredited Investors		0	\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		pe of curity	Doll	ar Amount Sold
	Rule 505		•	\$	Boild
	Regulation A				
	Rule 504				
	Total	******		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			<u> </u>	
	Transfer Agent's Fees	•••••		\$	
	Printing and Engraving Costs			S	
	Legal Fees		🗆	S	
	Accounting Fees		🗆	\$	
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)	•••••	🗆	\$	

⁽¹⁾ The securities were issued in connection with a recapitalization of the Company and no new capital was raised in connection therewith.

Total	\$
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	ES AN	D USE OF PROCE	EDS	
b. Enter the difference between the aggregate offering price given in response to Part C - total expenses furnished in response to Part C - Question 4.a. This difference is the proceeds to the issuer."	ʻadjust	ed gross	,	\$0.00
ndicate below the amount of the adjusted gross proceeds to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish an estimate box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C - Question 4.b above.	nate ar	id check		
applicable.		Payments to Officers, Directors & Affiliates		Payments to Others
Salaries and fees		\$		\$
Purchase of real estate		\$		\$
Purchase, rental or leasing and installation of machinery and equipment		\$		\$
Construction or leasing of plant buildings and facilities		\$		\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
Repayment of indebtedness		\$		\$
Working capital		\$		\$
Other (specify):	. 🗆	\$		\$
		\$		\$
Column Totals		\$		\$
Total Payments Listed (column totals added)		□ \$		

The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the request of its staff, the information furnished by the is	e issuer to furnish to the U.S. Securities and Excha	nge Commission, upon written
Issuer (Print or Type) Zhone Technologies, Inc.	Signature	Date July <u>15</u> , 2002
Kirk Misaka	Vice President, Treasurer and Acting Secretary	

D. FEDERAL SIGNATURE

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)